

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------------|-------------------|----------------|
| FEE DETERMINATION | <i>[initials]</i> | <i>FC331</i> | |
| O.I.P.E. CLASSIFIER | | <i>[initials]</i> | <i>8/1/6</i> |
| FORMALITY REVIEW | <i>(2)</i> | <i>FC135</i> | <i>9-13-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

- | | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| + | Restricted | O | Objected |

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WARNING:
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Form PTO-436A
(Rev 5-99)

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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